

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Wyandotte Pregnancy Clinic		
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1705	5. Funding/Grant Period Start: 7/1/2015	6. Report Period Start: 7/1/2015	End: 9/30/2015
7. Submitted By Ron Kelsey		8. Date Report Submitted 10/15/2015	9. FSR # 926	10. Final Report No
11. Transactions:			I Previously Reported	II This Period
a. Total Obligated (Sum of lines b and c)			N/A	N/A \$136,000.00
b. Payer Obligated (Award)			N/A	N/A \$68,000.00
c. Recipient Obligated (Match)			N/A	N/A \$68,000.00
Expenses:				
d. Total Payer Share of Expenses			\$0.00	\$14,506.27 \$14,506.27
• Benefits/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Capital Equipment/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Contract Personnel/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Other/Grant Expenditure			\$0.00	\$515.00 \$515.00
• Salary/Grant Expenditure			\$0.00	\$13,991.27 \$13,991.27
• Supplies/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Travel/Grant Expenditure			\$0.00	\$0.00 \$0.00
e. Total Recipient Share of Expenses			\$0.00	\$12,859.00 \$12,859.00
• Benefits/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Benefits/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Benefits/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Benefits/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Capital Equipment/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Capital Equipment/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Capital Equipment/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Capital Equipment/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Contract Personnel/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Contract Personnel/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Contract Personnel/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Contract Personnel/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Other/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Other/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Other/Non cash: In-Kind Contribution			\$0.00	\$11,659.00 \$11,659.00
• Other/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Salary/Local core support, funding match			\$0.00	\$1,200.00 \$1,200.00
• Salary/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Salary/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Salary/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Supplies/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Supplies/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Supplies/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Supplies/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Travel/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Travel/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Travel/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Travel/Revenue Expenditure			\$0.00	\$0.00 \$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$108,634.73
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$53,493.73
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$55,141.00
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Wyandotte Pregnancy Clinic		
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1705	5. Funding/Grant Period Start: 7/1/2015	6. Report Period Start: 10/1/2015	End: 12/31/2015
7. Submitted By Ron Kelsey		8. Date Report Submitted 1/15/2016	9. FSR # 453	10. Final Report No
11. Transactions:			I Previously Reported	II This Period
a. Total Obligated (Sum of lines b and c)			N/A	N/A \$136,000.00
b. Payer Obligated (Award)			N/A	N/A \$68,000.00
c. Recipient Obligated (Match)			N/A	N/A \$68,000.00
Expenses:				
d. Total Payer Share of Expenses			\$0.00	\$23,183.00 \$23,183.00
• Benefits/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Capital Equipment/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Contract Personnel/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Other/Grant Expenditure			\$0.00	\$18,386.00 \$18,386.00
• Salary/Grant Expenditure			\$0.00	\$4,797.00 \$4,797.00
• Supplies/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Travel/Grant Expenditure			\$0.00	\$0.00 \$0.00
e. Total Recipient Share of Expenses			\$0.00	\$25,379.00 \$25,379.00
• Benefits/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Benefits/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Benefits/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Benefits/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Capital Equipment/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Capital Equipment/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Capital Equipment/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Capital Equipment/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Contract Personnel/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Contract Personnel/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Contract Personnel/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Contract Personnel/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Other/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Other/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Other/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Other/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Salary/Local core support, funding match			\$0.00	\$25,379.00 \$25,379.00
• Salary/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Salary/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Salary/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Supplies/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Supplies/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Supplies/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Supplies/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Travel/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Travel/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Travel/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Travel/Revenue Expenditure			\$0.00	\$0.00 \$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$87,438.00
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$44,817.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$42,621.00
Income:			
i. Total Income From Payer	\$0.00	\$25,500.00	\$25,500.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Wyandotte Pregnancy Clinic		
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1705	5. Funding/Grant Period Start: 7/1/2015	6. Report Period Start: 1/1/2016	End: 3/31/2016
7. Submitted By Ron Kelsey		8. Date Report Submitted 4/14/2016	9. FSR # 2772	10. Final Report No
11. Transactions:			I Previously Reported	II This Period
a. Total Obligated (Sum of lines b and c)			N/A	N/A \$136,000.00
b. Payer Obligated (Award)			N/A	N/A \$68,000.00
c. Recipient Obligated (Match)			N/A	N/A \$68,000.00
Expenses:				
d. Total Payer Share of Expenses			\$23,698.00	\$30,898.29 \$54,596.29
• Benefits/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Capital Equipment/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Contract Personnel/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Other/Grant Expenditure			\$18,901.00	\$24,957.00 \$43,858.00
• Salary/Grant Expenditure			\$4,797.00	\$5,941.29 \$10,738.29
• Supplies/Grant Expenditure			\$0.00	\$0.00 \$0.00
• Travel/Grant Expenditure			\$0.00	\$0.00 \$0.00
e. Total Recipient Share of Expenses			\$52,229.27	\$15,770.73 \$68,000.00
• Benefits/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Benefits/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Benefits/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Benefits/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Capital Equipment/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Capital Equipment/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Capital Equipment/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Capital Equipment/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Contract Personnel/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Contract Personnel/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Contract Personnel/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Contract Personnel/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Other/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Other/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Other/Non cash: In-Kind Contribution			\$11,659.00	\$0.00 \$11,659.00
• Other/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Salary/Local core support, funding match			\$40,570.27	\$15,770.73 \$56,341.00
• Salary/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Salary/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Salary/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Supplies/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Supplies/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Supplies/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Supplies/Revenue Expenditure			\$0.00	\$0.00 \$0.00
• Travel/Local core support, funding match			\$0.00	\$0.00 \$0.00
• Travel/Maintenance of Effort			\$0.00	\$0.00 \$0.00
• Travel/Non cash: In-Kind Contribution			\$0.00	\$0.00 \$0.00
• Travel/Revenue Expenditure			\$0.00	\$0.00 \$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$13,403.71
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$13,403.71
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$0.00
Income:			
i. Total Income From Payer	\$40,698.00	\$0.00	\$40,698.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Wyandotte Pregnancy Clinic		
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1705	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	6. Report Period Start: 4/1/2016
7. Submitted By Ron Kelsey	8. Date Report Submitted 7/10/2016	9. FSR # 3016	10. Final Report Yes	
11. FSR Note				
12. Approved By Ron Kelsey		13. Approved Date 7/10/2016		
Transaction Type		Award	Match	Revenue
I. Total Obligated in Award Period		\$68,000.00	\$68,000.00	\$0.00
II. Expenditures Subtotal		\$13,403.71	\$0.00	\$0.00
1. Salary/Salary/Personnel-Direct		\$10,045.00	\$0.00	\$0.00
a. 2nd case manager (to be added) to expand client...		\$10,045.00	\$0.00	\$0.00
b. Christie Vandeputte, Accounting		\$0.00	\$0.00	\$0.00
c. Cindy Smith, Nurse Sonographer		\$0.00	\$0.00	\$0.00
d. Geraldine Jones, Lay Counselor		\$0.00	\$0.00	\$0.00
e. Kim Brown, Case Mgr, LMSW		\$0.00	\$0.00	\$0.00
2. Benefits		\$1,665.00	\$0.00	\$0.00
a. Employer FICA		\$1,665.00	\$0.00	\$0.00
3. Supplies		\$0.00	\$0.00	\$0.00
a. Case management brochures \$ other marketing		\$0.00	\$0.00	\$0.00
4. Travel		\$0.00	\$0.00	\$0.00
a. Travel to/from clients & community organizations		\$0.00	\$0.00	\$0.00
5. Other		\$1,693.71	\$0.00	\$0.00
a. Misc support for pregnant teens (Pregnancy exp...		\$0.00	\$0.00	\$0.00
b. Miscellaneous support for pregnant clients (Pre...		\$1,693.71	\$0.00	\$0.00
III. Revenue Subtotal		\$0.00	\$0.00	\$0.00
IV. Total Expenditures in Award Period		\$68,000.00	\$68,000.00	\$0.00
V. Total Revenue in Award Period		\$0.00	\$0.00	\$0.00
VI. Remaining Balance		\$0.00	\$0.00	\$0.00

FSR Line Notes

II. Expenditure/1. Salary/Salary/Personnel-Direct/a. 2nd case manager (to be added) to expand client...

Amanda Rodriguez, Case Mgr